

# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	09/987943
Filing Date	11/16/2001
First Named Inventor	Rowe
Title	SYSTEM AND METHOD FOR...
Art Unit	2623
Examiner Name	F. Hossain
Attorney Docket Number	ONE-1

I hereby revoke all previous powers of attorney given in the above-identified application.

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☐ Assignee of record of the entire interest. See 37 CFR 3.71,  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Signature	Date
Name Lynn T. Rowe	7-13-09
Title and Company Inventor	Telephone 561 914 7650

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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